

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / 2004 Through: <input type="text"/> / <input type="text"/> / 2004
3. Name and address of person filing. Name <input type="text"/> Thomas <input type="text"/> F McAleer IV  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/> 836 W. I Street  City <input type="text"/> Ontario  State <input type="text"/> California ZIP Code + 4 <input type="text"/> 91762	4. Name, file number, and address of labor organization. Name <input type="text"/> I.A.T.S.E. Local 33  Labor Organization File Number <input type="text"/> 013-250  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text"/> 1720 W. Magnolia Blvd.  City <input type="text"/> Burbank  State <input type="text"/> California ZIP Code + 4 <input type="text"/> 91506
5. Position in labor organization. <input type="text"/> Financial Secretary-Treasurer	

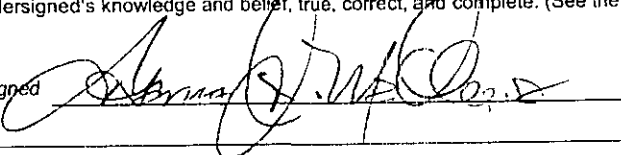
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> N/A  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> N/A  7.b. Amount. <input type="text"/>

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On 7-11-2005

Date

1818-841-9233

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.A.T.S.E. Local 33 P.H.W. &amp; A. TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite #100

Street 4401 Santa Anita Ave.

City El Monte

State California ZIP Code + 4 91731

## 11.a. Nature of such dealing.

Education Seminar

## 11.b. Approximate dollar value of such dealing.

\$1,852

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

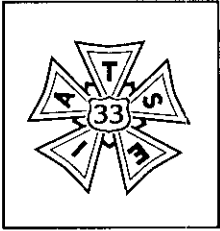
City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

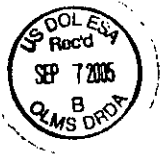
## 14.b. Amount of payment.



*International Alliance Theatrical Stage Employees*

**LOCAL 33**

1720 W. MAGNOLIA BLVD. • BURBANK, CA 91506-1871 • (818) 841-9233 • FAX (818) 567-1138 • WWW.IA33.ORG



August 31, 2005

U.S. Department of Labor  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Washington, D.C. 20210

Gentlemen:

Enclosed please find a copy of the LM-30, dated 7-11-2005, that was mailed to your office. Since that date, we have received information from MFS Retirement Services regarding meetings that I attended in Boston, MA last year. We are also enclosing an additional LM-30 form that lists this information.

Our accountant advised us to be sure and file the first form by the due date, and if any additional information was received at a later date, to file a new LM-30.

If there is any additional information that you may require, please do not hesitate to contact me at the above referenced number.

Respectfully submitted,

Thomas F. McAleer IV  
Financial Secretary-Treasurer

TFMc/jg  
encl: 4